WORK ORDER

BLUE ID _____ *(should be located on right hand size of equipment)*

DATE: _____

LOCATION: GREENVILLE NORTH AUGUSTA CHARLESTON COLUMBIA
CIRCLE ONE

YOUR NAME _____

NAME OF EQUIPMENT: _____

PROBLEM: (*PLEASE BE SPECIFIC. TELL US WHAT IT IS DOING, WHAT THE* ***SCREEN SAYS, HOW IT LOOKS)***

_____

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_____

USE BACK OF PAPER IF NECESSARY. PUT IN OR TAPE ON EQUIPMENT SO THAT IT WILL NOT GET MISPLACED FROM EQUIPMENT.

****

DATE ITEM RECEIVED TO BE WORKED ON: _____

SOLUTION TO PROBLEM: ***(WORK ORDER*** *NUMBER)*_____

_____

_____

NAME OF PERSON WORKING ON EQUIPMENT: _____

DATE FIXED: _____**DATE RETURNED TO LOCATION:** _____